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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/			51	/		
2		/		/	/	52			
3		/		/	/	53			
4		3		/	/	54			
5		(1)		/	/	55			
6		(1)		/	/	56			
7	/		/			57			
8	/			/	/	58			
9	/			/	/	59			
10	/			/	/	60			
11	/		/			61			
12	/			/	/	62			
13	/		/			63			
14	/			/	/	64			
15	/			/	/	65			
16	/			/	/	66			
17	/			/	/	67			
18	/		/			68			
19	/			/	/	69			
20	/			/		70			
21	/			/	/	71			
22	(1)			32		72			
23	(1)			32		73			
24	(1)					74			
25	(1)					75			
26	(1)					76			
27	(1)					77			
28	(1)					78			
29	(1)					79			
30	(1)					80			
31	/		/			81			
32	/			/	/	82			
33	/			/	/	83			
34	(1)			/	/	84			
35	(1)			/	/	85			
36	(1)			/	/	86			
37	(1)			/	/	87			
38	(1)			/	/	88			
39	(1)			/	/	89			
40	(1)			/	/	90			
41	(1)			/	/	91			
42	(1)			/	/	92			
43	(1)			/	/	93			
44	(1)			/	/	94			
45	(1)			/	/	95			
46	(1)			/	/	96			
47	(1)			/	/	97			
48	(1)			/	/	98			
49	(1)			/	/	99			
50	(1)			/	/	100			
TOTAL IND.	8			8					
TOTAL DEP.	45	←		45	←				
TOTAL CLAIMS	53			53					